

# Prior Authorization Case Review Process

Prior Authorization (PA) – previously known as a Treatment Authorization Request (TAR) – requires providers to obtain approval before rendering certain services such as prescriptions.

## Step 1 – Automated Prior Authorization (AutoPA)

All incoming claims are evaluated against AutoPA rules. Potential outcomes:

### Auto-PA rules are met

- Claim will pay at Point of Service (POS)

### Auto-PA rules are not met

- Claim will reject for PA required
- PA submission by provider must be initiated

## Step 2 – Perform Edits – System or Agent

- Member lookup
- Drug lookup and trial adjudication
- Provider lookup
- Duplicate request check

## Step 3 - FirstTrax<sup>SM</sup>

Insert record into FirstTrax<sup>SM</sup> system to be processed

## Step 4 – MRx Decide

Call Center staff complete MRx Decide questions with information provided in PA request. Question set will result in one of the following:

- System approval
- Deferral
- Additional review required

## Step 5 – Clinical Review Required

Cases Requiring clinician review:

- Potential outcome of MRx Decide question set if un-approvable
- Off-label indications

## Case Review

Review of MRx Decide question set and information submitted by requestor

## Clinician Review

Evaluation of PA request using clinical guidelines and approved compendia for medical necessity

## Case Decision

Use clinical discretion to decision PA case:

- Approval
- Recommend Denial
- Deferral
- Level 2 Review - DHCS